

RR Registrar Review

Vol. 2, No. 3

Quarterly Newsletter of the Virginia Cancer Registry

Fall 1998

Welcome to the fall 1998 edition of the REGISTRAR REVIEW (RR), the quarterly newsletter of the Virginia Cancer Registry (VCR). We remind all readers of our aim that the content of this newsletter address current and changing needs of cancer data stakeholders in Virginia. Therefore, we welcome any and all comments, criticisms and suggestions on how the RR can continue to meet the dynamic needs of Virginia's cancer reporting system. If you have comments, please do not hesitate to let us know by contacting the VCR at:

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Virginia Cancer Registry
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Richmond, VA 23218

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Staffing Changes in the VCR:

Please join us in welcoming Amy Monfalcone Pugh as the new director of the Virginia Cancer Registry. Most of you already know Amy and are aware of the excellent job she has done over the past 2 ½ years as the Statistical Analysis Coordinator for the Registry. We are pleased Ms. Pugh has accepted the directorship and look forward to her leadership.

We also welcome Dr. Richard Glazier as our chief Medical Advisor. Many of you have also worked with Dr. Glazier over the years, in his capacity as surveyor for the American College of Surgeons. Dr. Glazier has been involved with the VCR for years as one of our advisors, and we look forward to working more closely with him.

The Virginia Cancer Registry thanks Dr. Walter Lawrence for serving as our chief Medical Advisor for the past five years. We are glad Dr. Lawrence will continue to serve on our Medical Advisory Committee.

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Reporter's Corner

Kudos

An increasing number of facilities are reporting cases to the VCR either monthly or quarterly. We want to say, "Thank you, and keep up the good work," to those registrars responsible. You are helping us improve timeliness and increase the usefulness of VCR data. Regular reporting also benefits the reporting facilities. You get more timely feedback on data quality, are able to address data problems on a much more manageable scale, and decrease the time and complexity of downloading and sending data by decreasing the number of cases handled at one time.

Case Reporting

1996 Cases

The collection of 1996 cases is very nearly complete. Currently, there are two hospitals in Virginia and two out of state registries that have not completed reporting of these cases.

1997 Cases

Most facilities have transmitted all or most of their 1997 cases. If you have 1997 cases that have not been sent to the central registry, please send them in as soon as possible so we can continue to improve our timeliness and provide you with timely quality assurance information.

1998 Cases

CDC expects the VCR to have 50% of the expected cases diagnosed in 1998 in the database by December 31. Please help us approach this goal by sending your cases in a timely manner and on a regular (monthly or bimonthly) basis.

1998 Surgery Codes

The Virginia Cancer Registry database has been converted to the 1998 surgery codes. Any old codes received will require conversion before being added to the main database. When sending cases to the central registry, please indicate whether your data have been converted to the new codes so we will be sure to handle your cases appropriately.

1999 VCR Training Conference

Plans are underway for the Spring training meeting in Richmond; date and location will be announced when finalized. Some tentative topics to date include: an overview of melanoma and laryngeal cancer incidence in Virginia, accurate recording of tumor size, and a review of address fields. Now is your chance to tell the VCR what you would most like to have explained or discussed. Anyone with suggested topics or speakers, please call the Registry.

Training Videos



For training purposes, the VCR has copies of some recent teleconferences on Video Cassette. These videos can be borrowed from the VCR for viewing or dubbing but must be returned within two weeks. We only have two copies of each video to loan. They are as follows:

- Staging of Cancer of the Urinary Tract and AJCC 5th Edition TNM Changes
- Lung Cancer
- Cancer of the Head and Neck
- ACOS 1998 Surgery Codes
- Lymphoma: Anatomy and Staging
- Melanoma

In addition to the above teleconferences we have a set of five training videos for beginner registrars.

- Cancer Registry Introduction
- General Summary Staging, AJCC TNM Staging
- Principles of Cancer Registry Abstracting
- International Classification of Diseases Oncology and Quality Control
- Principles of Cancer Follow-up and Patient Care Evaluation

And the Survey Says....?!

Recently, the VCR sent out a survey to determine how we may improve efforts to assure complete data collection on all newly diagnosed cancer cases in the Commonwealth of Virginia (as mandated by the Code of Virginia Section 32.1 – 70]). The questionnaire went to all cancer reporting hospitals, those with and those without ACoS-approved cancer registries. The results we have received indicate that we need to clarify further our requirements for hospitals' transmission of what we call "Pathology Only" cases to the Central Registry.

"Pathology Only" cases (formerly called "Incidence Only" cases) are those cases that are either clinically or pathologically diagnosed at a hospital, clinic, or free-standing laboratory but the patients are never admitted to or receive treatment in that reporting facility. An example of this type of patient would be the elderly gentleman for whom a urologist sends a prostate biopsy to a hospital laboratory for pathological diagnosis. The patient may never be admitted to either the inpatient or outpatient department of the hospital with which the diagnosing laboratory is affiliated; he may instead be treated and followed by his urologist completely on an outpatient basis.

Patients such as the one described in the example above do not meet the American College of Surgeons' criteria for inclusion in an accredited cancer registry database. These cases may have been entered into the suspense file system of the registry and later deleted when it became

apparent that they were not analytic cases. It may be for that reason that such cases are overlooked in the reporting process. Please check to see that your hospital is submitting to the VCR all newly diagnosed cancer cases from all possible sources in your facility.

For medical care facilities without formal cancer registries, other problems may also hamper efforts to capture and to send to the Central Registry all of the cases diagnosed in or through your facility's pathology department. For instance, Medical Record coding staff responsible for reporting cases that they find in inpatient and/or outpatient surgery records probably never see "Pathology Only" cases. Another roadblock may simply be a problem with communications – i.e. the responsibility for reporting cancer cases may be shared by multiple departments or may not ever have been clearly assigned to anyone!

If you think that you may have overlooked "Pathology Only" cases, it is not too late to begin full compliance with Virginia's legislative mandate. Please review your facility's cancer casefinding procedures to be sure that all of your eligible cancer cases are being reported to the VCR. If you have any questions about the "Pathology Only" cases or about other issues concerning Virginia's reporting requirements, you may contact the VCR at 804-786-1668.

Lip Cancer Abstracting

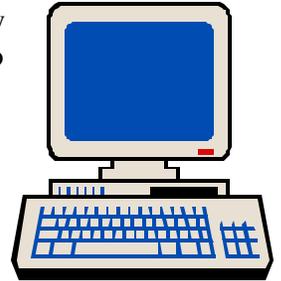
Questions arise from time to time regarding which cases are to be included as lip cancer in a hospital registry. The simple rule to follow is that all cancers external to the vermilion border of the lip are to be accessioned as skin cancer. These are to be included in the data set according to the rules of basal and squamous cell skin cancers. Skin cancers which are less than 2 cm in greatest dimension, and do not invade deep extradermal structures, and have not metastasized to lymph nodes or other structures, need not be included. On the other hand, cancers of the lip from the vermilion border in, including the mucosal lip, are to be classified as lip cancer and staged according to the rules for lip cancer. T1 lesions of the lip (less than 2 cm in greatest dimensions) are to be included in the registry.

With regard to small local squamous and basal cell skin cancers, a few hospitals accession these and may even abstract them, but they should not be listed as analytic cases when submitting data at the time of ACOS survey. They should be excluded at the time of survey from analytic cases. If the pathologist does not state the location of the lip tumor as inside or outside of the vermilion border, you may have to ask them or the surgeon to determine the location for you. The vermilion (red) border is that part of the lips which touch when you close your mouth.

Richard Glazier, MD

The Registrar's Use of the Internet

During the October meeting of the VCRA, Amy Pugh identified many Internet resources available to hospital and central registrars. The Internet is becoming an invaluable tool for cancer registry operations, and access is worth fighting for if necessary. Below is a summary of how registrars can make their lives easier through the Internet:



Improve Follow-Up

White page lookups

Yahoo People Search, Infospace, knowx.com

Obtaining death information

Social Security Death Index, newspaper obituaries

Compare Registry Data

Incidence, Morbidity, and Mortality

National Cancer DataBase (NCDB), SEER, Cancer in North America, State registries

Technical Reference

General Info

Oncolink, NCI Cancer Lit/PDQ, Merck Manual, Virtual Hospital, Internet Drug Index, Journals - just about all of the biggies!

Registry Reference

QA

Find ZIPs and city/county - USPS

Locate physicians - AMA Doctor Finder

Increase your impact

Patient information, Promotional opportunities, National Health Observances, Census

Fed health issues (data privacy) - HHS

Registry Administration

Software vendors

Registry promotion on hospital site

Hospital Web

American Hospital Directory

Future?

Data submission to the VCR

Professional Enhancement

Organizations, conferences, CTR certification and JOBS

Addresses for the above and additional resources are provided in the guidebook which was distributed at the meeting. Please feel free to contact the VCR if you would like a copy of the guide, which also includes a glossary of common Internet terms.



Registry Development

The VCR staff have taken advantage of many training opportunities in the last several months. Meetings in Atlanta, Wyoming, Baltimore, Charlottesville, Richmond, and Virginia Beach will help us improve data submission, management, and quality; ensure the utility of VCR reports and analyses; provide summary cancer data to more users; and ultimately help improve cancer control efforts in Virginia.

In August, Sarah Norris attended the Principles and Practice of Cancer Registration, Surveillance, and Control workshop held at Emory University in Atlanta. The week-long workshop was led by John Young and Steven Roffers and was attended by registry personnel from around the country, as well as from Zimbabwe and Israel. Participants enjoyed lectures and hands-on exercises covering coding, staging and abstracting of cases for various sites. Sarah found the workshop to be very informative and highly recommends it to any and all registry personnel.

In July, the Rocky Mountain Cancer Data Systems (RMCDS) programmer converted the VCR to an improved version of the software and trained staff on the new features. In addition, we were able to suggest and discuss several important programs and options for RMCDS. Most of those suggestions will be implemented before the end of 1998. Further discussion and training took place at the annual RMCDS users' meeting in September.

VCR staff attended cancer control meetings in both Maryland and Virginia. The Virginia Department of Health is developing a statewide cancer control and prevention plan for the Commonwealth. VCR data will be used for baseline assessments and to focus future control and prevention efforts.

An October workshop at the University of Virginia provided training for publishing public-use datasets on the Internet. The Registry plans to have non-confidential data available for downloading from our web site (<http://vdh.state.va.us/epi/vcr.htm>).

VCRA Conference

The Virginia Cancer Registrars' Association (VCRA) held its annual meeting October 22-23, 1998 in Virginia Beach, VA. The meeting was well attended by registrars, health care providers, and advocates across the state. Several vendors were also available to demonstrate the advanced computer technology in the collection of cancer data, to answer questions, and to disseminate brochures on cancer.

A vast array of topics were presented such as: Late Effects of Childhood Malignancies, Hospice Care for Children, Surgery Coding Workshop, Overview of Chemotherapy, Preparing for a Cancer Program Survey...and Loving the Process, and the Registrar's Use of the Internet. Linda Mulvihill, ART, CTR, speaker from the American College of Surgeons (ACoS) Commission on Cancer, and Quality Management Specialist, North Carolina Central Cancer Registry conducted a Surgery Coding Workshop. She also presented an overview of Preparing for a Cancer Program Survey. VCR staff members contributed greatly as active participants. Donald Shipley, MS, Quality Assurance Coordinator, gave an update of VCR activities, and Amy Pugh, MA, Statistical Analysis Coordinator, spoke on the Registrar's Use of the Internet.

This year's conference provided topics that were beneficial to all, especially the focus on pediatric cancer and treatment modalities, and hospice care for children. The conference was successful in that valuable information was obtained for cancer reporting staff statewide, and participants engaged in a hands-on application workshop using the newly implemented surgery codes for 1998 cancer cases.



VCR Medical Advisory Committee Meeting:

The Medical Advisory Committee of the VCR serves as a technical and clinical resource for many issues facing the Registry. Members include oncologists, surgeons and radiation therapists from across the state who are involved in patient care and have a long history of working with the VCR. These dedicated physicians take time to meet with us in Richmond twice a year, most recently on October 30th. It was a lively meeting with an agenda filled with a variety of topics. Below are some highlights of the many lengthy discussions that day.



The Physician Reporting Law: This new law went into effect July 1, 1998. The advisors suggested that the VCR make reporting as easy as possible, give the physicians something back, and seek help from hospitals in facilitating reporting.

Patient Confidentiality: In response to a patient's concerns about confidentiality, a discussion was held about the registry's law and whether changes in the law are needed. The advisors support the confidentiality law as it is now written and trust the Registry to protect the confidentiality of the data as required by Virginia law.

Laryngeal Cancer and Melanoma Site Studies: Draft copies of these two primary site studies were reviewed by the advisors. VCR staff are working to incorporate suggested changes and will send copies to each hospital when the studies are finalized.

Status of 1996 and 1997 Reporting: Details on reporting status are provided in the Reporter's Corner (page 2.)

State-Specific Fields: Virginia's state specific fields, which are not required by either ACoS or NAACCR but are currently collected by the VCR, were reviewed for quality and relevance. The advisors gave recommendations for which ones still provide clinical utility.

Graph of the Quarter

Stage Distribution of Selected Cancers, Virginia, 1991-1995

